

Spire Healthcare Limited

Spire South Bank Hospital

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

| | | |
|--|------|---|
| Overall rating for this location | Good |  |
| Are services safe? | Good |  |
| Are services effective? | Good |  |
| Are services caring? | Good |  |
| Are services responsive to people's needs? | Good |  |
| Are services well-led? | Good |  |

Summary of findings

Overall summary

Following the inspection, a ratings aggregation meeting was held to discuss the overall hospital rating.

The overall rating for Spire South Bank Hospital has now been rated Good.

The mitigation used to deviate from the ratings aggregation was based on the following information:

- Surgery is the main activity within the hospital, during the recent inspection, ratings for all the key questions have been rated as good.
- The provider met all the 'Should' requirements set out in the previous inspection immediately following the inspection and are no longer providing care for Children and Young People.

Our rating of this location improved. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- Storage of equipment was an issue within the ward and theatres, which meant some areas were cluttered. This did not impact on patient safety or access to areas.

Summary of findings

Our judgements about each of the main services

Service

Surgery

Rating

Good



Summary of each main service

Our rating of this service stayed the same. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and

Summary of findings

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However:

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Summary of this inspection

Background to Spire South Bank Hospital

Spire South Bank is a private hospital in the centre of Worcester. The building was originally established as a nursing home but was developed and re-opened as a hospital in 1986. Following our last inspection in 2016 the hospital had received a refurbishment which provided modern premises.

The registered manager has been in post since June 2020 and the director of clinical services had been appointed in March 2021.

The hospital provides outpatient services and surgical procedures to adults.

The operating facilities at the hospital include two laminar flow theatres, one laparoscopic theatre and a JAG accredited endoscopy suite. There are two main inpatient wards and a day case suite, with 25 beds in total.

The outpatient department is comprised of 10 consultation rooms and three treatment rooms. There are also separate units for oncology and haematology, the Spire Eye Centre (SEC), a breast unit and a bone and joint clinic.

The hospital provides imaging and physiotherapy, in addition to a pharmacy department providing services for both inpatients and outpatients.

During our inspection, we visited the surgical services within the hospital. This service included the ward areas and the operating department.

We inspected this service using our comprehensive inspection methodology. We carried out an unannounced visit on 2 December 2021.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of the service: safe, effective, caring, responsive to people's needs, and well-led. Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Throughout the inspection, we took account of what people told us and how the provider understood and complied with the Mental Capacity Act 2005.

As part of our inspection we reviewed the well led aspect of the senior management within the hospital.

The hospital is managed by Spire Healthcare and is part of a network of over 35 hospitals. The hospital provides care for private patients who are funded by their insurance companies or are self-paying. Patients funded by the NHS, mostly through the NHS referral system, can also be treated at Spire South Bank Hospital.

How we carried out this inspection

You can find information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Summary of this inspection

Outstanding practice

- There was compassionate inclusive and effective leadership at all levels. Leaders had the skills and abilities to run the service.
- Leaders at all levels demonstrated high levels of experience capacity and capability to deliver excellent and sustainable care.
- Staff were proud to work for the hospital and spoke highly of the culture and support they received and gave to others.

Areas for improvement

Action the service **SHOULD** take to improve:

- The service should consider reviewing the storage facilities at the hospital.






Our findings

Overview of ratings

Our ratings for this location are:

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|---------|------|-----------|--------|------------|----------|---------|
| Surgery | Good | Good | Good | Good | Good | Good |
| Overall | Good | Good | Good | Good | Good | Good |

Surgery

| | |
|------------|--|
| Safe | Good  |
| Effective | Good  |
| Caring | Good  |
| Responsive | Good  |
| Well-led | Good  |

Are Surgery safe?

Good 

Our rating of safe improved. We rated it as good.

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Nursing and support staff received and kept up to date with their mandatory training. There were 11 modules that required annual completion, which were reset on 1 April every year.

The mandatory training was comprehensive and met the needs of patients and staff. Training included modules on infection prevention and control, manual handling and safeguarding.

As at 9 December 2021, the compliance rate for all but one module for all nursing and support staff across pre-operative assessment, theatres and the ward was 98% or above. The target for compliance was 95% by the end of March 2022. The only module that was below the target for all staff was “competition law compliance” with an overall compliance rate of 86%. This was a new module which has been added part way through the training year.

The hospital had a new Resuscitation Quality Improvement (RQI) automated system, which allowed training to be completed on a simulator enabling rapid turnaround of life support training.

The hospital did not provide care and treatment to patients under 18 years of age and therefore, did not treat children. However, they had a core of staff that were trained in paediatric basic life support in case of a visitor emergency.

Medical staff undertook their mandatory training at their employing NHS Trust. The Resident Medical Officers (RMO) completed and had their mandatory training monitored by their agency and were also required to complete Spire specific training.

Managers monitored mandatory training and alerted staff when they needed to update their training. Most mandatory training was completed on an electronic system that all staff and managers had access to. Managers were able to monitor compliance rates through the system and discussed with their staff in one to one and team meetings. Mandatory training was a regular agenda item in team meetings and was confirmed in meeting minutes.

Surgery

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

During our last inspection in 2016, we found not all staff caring for people under the age of 18 years had the required level of safeguarding children training (level 3).

Since the last inspection, the service stopped providing services for people under the age of 18 years. We have found an improvement in safeguarding training compliance on this inspection. Staff were now suitably qualified in line with requirements set out in the safeguarding intercollegiate document.

Nursing and support staff received training specific for their role on how to recognise and report abuse. Staff were required to complete level 2 training as a minimum for both adults and children's safeguarding annually. Spire South Bank hospital did not treat children and therefore only required staff to be trained at level 2 for children's safeguarding. A core of qualified staff also completed level 3 safeguarding training to ensure there was advanced support available.

As at December 2021, adult safeguarding training had been completed by 100% of pre-operative assessment staff, 100% of ward staff and 91% of theatre staff. This gave an overall compliance rate of 95% for adult safeguarding training.

Children's safeguarding training had been completed by 100% of pre-operative assessment staff, 96% of ward staff and 86% of theatre staff. This gave an overall compliance rate of 92% against a target of 95%.

There were four members of staff that had not completed their adult safeguarding and seven staff that had not completed their children's safeguarding training.

Staff had informed us of an issue with the safeguarding online training resource where staff were unable to submit their completed training. This meant staff that had completed the online training were showing as non-compliant. The senior leaders were aware of this issue had escalated to the relevant team to resolve.

The training year ran until the end of March 2022, meaning there was three and a half months for the remaining staff to complete their mandatory training.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff had not had to make any recent safeguarding referrals for patients. However, they were able to give an example of a patient they had concerns about and how they escalated these concerns. Staff also gave lots of examples of triggers that would raise safeguarding concerns and showed a good level of professional curiosity.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Staff were aware of the three safeguarding leads at the hospital and how to contact them. The three safeguarding leads, including their photographs were displayed for staff and patients to see on the display board next to the ward entrance.

Staff followed safe procedures for children visiting the ward. Visitors were not permitted currently due to the COVID-19 pandemic and risk of infection. However, staff were fully aware of procedures to follow when children were visiting the ward.

Surgery

Cleanliness, infection control and hygiene

The service controlled infection risk well. The service used systems to identify and prevent surgical site infections. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

During our last inspection in 2016, we found patients' side-rooms were not compliant with infection control guidelines. There were no clinical hand wash basins within patients' bedrooms and the flooring and coving in patient bedrooms were not suitable. We also found the person responsible for leading on infection prevention and control in the hospital had no nationally recognised qualification to undertake the role and patients who were healthcare workers and at a higher risk of Methicillin Resistant Staphylococcus aureus (MRSA) colonisation were not identified at pre-admission.

During this inspection we found the service had improved in these areas. There were now hand clinical hand wash basin in all side-rooms, flooring and coving had been replaced and was now compliant with national best practice guidance.

The lead for infection prevention and control had undertaken appropriate qualifications.

Patients for elective surgery attended a nurse led pre-operative assessment clinic before their operation. During the assessment MRSA screening was completed in accordance with the hospital's MRSA screening and management policy.

Ward and theatre areas were clean and had suitable furnishings which were clean and well-maintained. The service had a team of housekeepers that cleaned the wards and theatres. We observed the housekeepers on-site during our inspection visit. All ward and theatre areas were visibly clean and tidy. Furnishings on the ward and in theatre were easily wipeable and there were no soft furnishings stored on the floor.

Staff used records to identify how well the service prevented infections. Staff monitored surgical site infection rates and hospital acquired infection rates. These were benchmarked against other Spire hospitals. From January 2021 to December 2021, there were six surgical site infections. Half of these surgical site infections were between January and March 2021. During this period, the service was in an NHS England contract and had undertaken more complex cancer cases than they would usually do.

Infection Prevention and Control audits were completed. The audits included environmental requirements within the hospital, hand hygiene and bare below the elbow standards were adhered to and PPE equipment was available and used effectively.

Staff followed infection control principles including the use of personal protective equipment (PPE). We observed staff following arms bare below the elbow and observed them washing their hands when entering and exiting the patients' rooms and bed bays. Additional levels of PPE such as disposable aprons and gloves were worn following COVID-19 national guidance. PPE was available in all clinical areas. Staff in theatres wore appropriate clothing (scrubs) and designated theatre shoe wear in line with national best practice guidelines.

There was an effective system in place to ensure patients were not infected with COVID-19 before being admitted for surgery. This included staff carrying out lateral flow tests on patients on admission, as well as checking a negative Polymerase Chain Reaction (PCR) result bought on admission by the patient. The service used a green, amber and red pathway and the ward was part of the green pathway.

Surgery

We observed theatre staff “scrubbing in” in line with national best practice. Scrubbing in is an important surgical procedure required to reduce the risk of contamination with microorganisms during operative procedures. The process involves decontamination of hands followed by putting on a sterile surgical gown and sterile gloves.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned. We observed staff cleaning patient rooms and their contents ready to be used. Cleaning checks of patient rooms happened every morning and evening, and when a patient was discharged. Staff completed a checklist whilst cleaning and we saw these had been completed appropriately. The checklist included mattress covers and tap checks where staff ran the sink taps and shower for three minutes.

Staff worked effectively to prevent, identify and treat surgical site infections. There were processes in place to ensure healthcare associated infections were prevented and these were based on national good practice guidelines. Staff followed a clean and dirty equipment flow through the theatre suite to prevent contamination.

The service had two laminar flow theatres available for procedures that required open wounds. Laminar flow theatres reduce the risk of infection by preventing airborne bacteria from getting into open wounds. They aim to reduce the number of infective organisms in the theatre air by generating a continuous flow of bacteria free air. There was a second laminar hood in the clean preparation room that enabled staff to safely set up for the next surgical procedure.

The service participated in an autoclave audit process whereby the autoclaves were audited every year and an accreditation was provided on a three-yearly basis. The service had recently had an audit carried out, which they received positive results. Accreditation was due next year.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The design of the environment followed national guidance. The areas within the ward and theatres fully complied with the Health Building Note (HBN) guidance. Health Building Notes give “best practice” guidance on the design and planning of new healthcare buildings and on the adaptation/extension of existing facilities.

The ward consisted of a five-bedded bay to the right of the entrance and a long corridor with 15 individual patient rooms. There was also a four bay day case suite.

The ward corridors were wide and clear from clutter. Patient side-rooms were large, bright and airy. They all had en-suite shower rooms with toilet and hand washing facilities. There was also a handbasin in addition to the shower room inside each room.

The theatre and ward environment were visibly clean and tidy. All walls, floors and chairs were wipeable and there were no items stored on the floor. There were new electronic doors in and out of the theatre suite.

Patients could reach call bells and staff responded quickly when called. We observed call bells in reach of patients and staff responding to call bells in a timely manner. We spoke with five patients who all confirmed their call bells were located closely and staff responded very quickly when they needed to use them.

Staff carried out daily safety checks of specialist equipment.

Surgery

Emergency equipment was stored in the corridor of the ward and was easy to access. There were two resuscitation trolleys on the ward, one of which was adult only and the other was an adult and paediatric resuscitation trolley. In theatres, resuscitation trolleys were stored outside each of the theatres near the theatre entrance.

Resuscitation trolleys were secured with a security tag and staff checked these daily to ensure they were still intact. Staff checked the full contents of the trolleys monthly and when the security tag had been broken to ensure all contents were present and in date.

We reviewed resuscitation trolley daily and monthly checklists for August, September and November 2021, along with audit results from 1 September to 30 November 2021. Staff carried out all checks in line with Spire policy and scored 100% on the audits.

In addition to the resuscitation trolleys, the ward and theatres had a specialist sepsis box, adult emergency drugs box, anaphylaxis for use in adults and children over the age of 12 years box and a second line drugs emergency drug box. Pharmacy staff updated the contents of these boxes and sealed them with a secure seal that included an expiry date. Pharmacy staff would restock and check the boxes when the seals had been broken.

Theatres had emergency equipment available that was easily accessible to staff. This included invasive monitoring, major haemorrhage and emergency airways trolleys for example. Staff maintained this equipment in line with Spire policy.

Staff carried out fridge and room temperature checks in theatres and the clean utility room on the ward daily.

Staff disposed of clinical waste safely. All sharps bins were below three quarters full and lids were closed appropriately to avoid needle stick injuries.

The service had enough suitable equipment to help them to safely care for patients. However, some machinery within the theatre department was coming to the end of their lifespan. There were six anaesthetic machines in total of which four were coming up to being 10 years old. The service had a medical device lead and a plan in place to replace these pieces of equipment. It was also documented on the department's risk register.

Equipment was well maintained and mostly stored appropriately. However, storage of some theatre and ward equipment was of concern. Staff maintained electronic equipment well and in line with manufacturers guidelines. All the beds on the ward were brand new and were not due a service at the time of our inspection visit. The equipment engineers were aware of when these needed servicing and held the maintenance log for these.

Most of the equipment on the ward had been serviced, calibrated and electronic safety tested where necessary within the last 12 months. There were two pieces of equipment we identified as having not been serviced by the due date and raised this with the manager who took immediate action. One of the pieces of equipment was taken out of action, the other was risk assessed and checked whilst an alternative was being sought, then replaced.

The entrance from the patient lift to entering the theatre suite was being used to store equipment and meant the entrance to the theatre suite looked cluttered. Theatre equipment was also stored in the corridors and in the recovery space. Ward equipment was being stored along one side of the four-bedded bay and there were some clean commodes stored in the disabled shower room located on the corridor next to the bay.

However, the equipment was stored as neatly as possible and did not impact on the safe access of patients to the theatre suite or the ward areas. The equipment storage issues were on the risk register.

Surgery

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration

During our inspection in 2016, we found National Early Warning Score (NEWS) charts and fluid balance charts were not always completed adequately or thoroughly. We saw an improvement in completion of these charts during this inspection.

Staff used a nationally recognised tool to identify deteriorating patients and escalated them appropriately.

Staff used the National Early Warning Score (NEWS2) to identify deteriorating patients. This involved staff routinely recording patients' physiological observations such as blood pressure, temperature and heart rate. The tool includes pre-determined parameters allowing staff to score observations and escalate potential early warning of deterioration according to a set process.

Staff we spoke with were aware of NEWS2 and knew how, when and who they needed to escalate concerns to.

Staff completed risk assessments for each patient on admission / arrival, using a recognised tool, and reviewed this regularly, including after any incident.

Staff knew about and dealt with any specific risk issues.

Staff shared key information to keep patients safe when handing over their care to others. Shift changes and handovers included all necessary key information to keep patients safe. Staff attended two daily handovers at 7am and 7pm to handover key information to staff members starting their shifts. Relevant staff had a daily 'resus' huddle at the start of each day that was well attended by all relevant departments of the hospital. Local areas had their own safety huddles each day for example, theatre team and ward team where information from the resus huddle was shared.

The resident medical officer (RMO) was available to support staff with deteriorating patient health. They were present on-site 24 hours a day, seven days a week, and were physically present on the ward during the day. They also attended the 7am and 7pm handover meetings and the morning 'resus' huddle. The hospital provided an on-call theatre team however, in the event of a patient deteriorating and requiring further intervention there was a service level agreement (SLA) in place with the local NHS trust to transfer patients for more complex care and treatment.

The RMO and nursing staff were able to contact consultants for further support including out-of-hours. All staff members we spoke with knew where the folder was held that contained consultant contact details, as well as details of any cover arrangements.

We observed good risk assessment and response to a patient who was due for surgery on the day we inspected. The decision had previously been made at pre-operative assessment and the pre-operative anaesthetic appointment for the surgery to go ahead provided additional blood results were good. The blood results were reported late the night before with concerns. The surgical team reviewed the results and it was determined it was not safe to continue and the surgery was rescheduled.

Surgery

Staff followed Spire national policies for surgical safety that included national guidance, such as the World Health Organisation (WHO) surgical safety checklist and national safety standards for invasive procedures (NatSSIPS). There were specific Local Safety Standards for Invasive Procedures (LocSSIPs) in line with best practice guidelines. The hospital also had a newly appointed surgical safety guardian in place. We observed staff implementing the WHO surgical safety checklist, NatSSIPS and LocSSIPs appropriately.

Nurse staffing

The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.

The service had enough nursing and support staff to keep patients safe. As an elective hospital, the staffing levels were planned to meet the needs of the service. Managers monitored to ensure planned levels were met and where actual staffing did not meet planned staffing, they adjusted to meet the needs of each department. This was done by moving staff to support from another department, team leaders and supernumerary managers working clinical shifts, booking bank or agency staff and rearranging patient appointments. This meant there were never any unfilled shifts. If a service could not be run safely it would be cancelled.

Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift in accordance with national guidance. The provider used the Shelford Safe Nursing Care Tool to allocate safe nursing and support staff on the ward. Theatres used the Association for Perioperative Practice (AfPP) staffing tool to ensure theatres were safely staffed. Both tools allowed for managers flexibility to incorporate acuity and gave a minimum safe staffing figure.

The ward manager could adjust staffing levels daily according to the needs of patients. Staffing rotas were developed weeks in advance. Ward managers back filled gaps in the rota with bank or agency staff. The morning all staff safety huddle reviewed staffing levels in all areas of the hospital every morning. We observed senior staff adjusting levels of planned ward staff based on acuity of patients and potential for unplanned overnight stays.

The number of nurses and healthcare assistants matched or exceeded the planned numbers. Observations and review of data showed staffing numbers regularly matched or exceeded the planned number of staff.

On the day of our inspection visit, there were three registered nurses and one health care assistant planned for the day shift and two registered nurses planned for the night shift using the Shelford Tool. Theatres staffing was in line with AfPP standards and actual numbers matched planned. There was discussion in the morning safety huddle around a delay in starting one surgical list. Staffing levels were re-reviewed considering the late start and a plan was put in place to ensure AfPP standards were complied with.

The ward manager proactively adjusted the staffing to accommodate the acuity on the ward based on a case by case review. This meant actual numbers on the morning shift were four registered nurses and one agency nurse, three healthcare assistants and a senior nurse coordinator. Actual staffing numbers on the afternoon shift were three registered nurses, three health care assistants and a senior nurse coordinator and the night shift there were two registered nurses as planned.

The service had low vacancy rates. As at December 2021, the service had eight full-time equivalent (FTE) vacancies across the surgical service. This was broken down to three FTE vacancies in theatres, four FTE vacancies on the ward and one FTE vacancy in the pre-operative assessment unit.

Surgery

The ward had recruited a new registered nurse due to start in January 2021 and had successfully recruited three international nurses that had started a few months before our inspection visit. The provider was actively trying to recruit more staff and had an advert out for two further band six nurses at the time of our inspection visit.

The theatres team had recently carried out a staffing review, which was escalated to the hospital director and the director of clinical services. Staff in theatres felt staffing pressures had improved. They had an international registered nurse start in recent months and one due to start in January 2022. The service utilised first assistants, which were separate to scrub nurses as in line with AfPP standards. First assistants were attending external university courses that had unfortunately been delayed because of COVID-19. The service had two first assistants due to start.

The service had low and reducing turnover rates and low sickness rates.

The service had low and reducing rates of bank and agency nurses. From November 2020 to October 2021, the service used on average 10.2% bank and agency staff in theatres, 11.6% bank and agency staff on the ward and 6.3% of bank and agency staff in pre-operative assessment. Managers had been given permission to block book bank and agency staff until the end of 2021 to relieve staffing pressures whilst the service were recruiting to vacancies.

Managers used bank and agency staff regularly and managed risks well by requesting staff familiar with the service. Senior staff ensured risks related to using agency staff were reduced. Regular agency staff were used when possible to ensure familiarity. The agency used by the provider was aware of the provider's competency requirements and the staff members' curriculum vitae were available for the ward manager on booking. This gave the ward manager assurance of the agency staff's competencies. The ward manager was aware two agency staff members were not competent in intravenous administration. They ensured the skill mix on the ward allowed for this when allocating these staff to shifts.

Managers made sure all bank and agency staff had a full induction and understood the service. Bank staff undertook the same induction process as substantive staff that included a four-week induction period. Senior staff checked inducted staff's competencies and understanding at day one of induction and at the end of the induction period, which also included shadowing opportunities and clinical supervision.

Agency staff had an induction checklist they had to complete at the start of their first shift. This ensured they were aware of the environment and layout of the ward, policies they needed to follow and how to escalate concerns.

Medical staffing

The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.

The service had enough medical staff to keep patients safe.

All consultants worked at the hospital under practising privileges. Practising privileges is the 'licence' agreed between individual medical professionals and a private healthcare provider. It is a well-established process within independent healthcare that grants medical practitioners' permission to work in a private hospital or clinic.

The service always had a consultant anaesthetist on call during evenings and weekends. All consultants remained responsible on call for their patients whilst they were admitted to the hospital 24/7 as a condition of their practising privileges.

Surgery

The resident medical officer (RMO) was on hand 24-hours a day to provide medical support to staff should a patient deteriorate. Consultants attended ward rounds daily including on weekends. They were also available for additional advice and support and had cover arrangements in place where needed. Staff said consultants were easy to contact and were approachable. They knew where to find the consultant contact numbers and cover arrangements, and said consultants always responded in a timely way.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Patient notes were comprehensive, and all staff could access them easily.

We looked at ten sets of patients' records on the ward and saw that they were legible, up to date, signed, dated and timed.

Clear pathway documents were used throughout the patient journey. Risk assessments were completed from the start of the patient's journey in pre-operative assessment through to admission on the wards. Risk assessments included VTE, nutrition, pressure care, falls, moving and handling and infection control risk.

There were surgical pathways in place; part of the pathway included preoperative assessments. The assessments were carried out in line with NICE guidance. These guidelines were in use within the hospital. Every patient who was referred for surgery completed a health questionnaire which was checked by nurses at pre-assessment appointments .

The hospital senior clinical team reviewed individual pre assessments if they felt the patient did not qualify to have their procedure performed at the hospital as they did not meet the admission criteria set out by the Spire Healthcare group.

Records were stored securely.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

Staff followed systems and processes to prescribe and administer medicines safely.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines.

Staff completed medicines records accurately and kept them up-to-date. Allergies were clearly documented and allergy identifying wrist bands were used.

Staff stored and managed all medicines and prescribing documents safely. Medicines on the ward were stored in the clean utility room that required swipe card access. Inside the room, controlled drugs were stored in a separate locked cupboard and the keys were kept with the nurse in charge. We reviewed the controlled drugs book and saw staff were completing appropriate checks of controlled drugs in line with legislation and national best practice.

Medicines requiring temperature control were stored appropriately and fridge checks were carried out daily.

Surgery

The hospital had an onsite pharmacy. All medicines required, were ordered by the pharmacy staff as needed. The pharmacist was able to discuss any clinical concerns about patients with the resident medical officer (RMO) or consultants.

Staff followed national practice to check patients had the correct medicines when they were admitted, or they moved between services.

Staff followed procedures for the safe administration of medicines in line with guidance from the Nursing and Midwifery Council, safe medicines management. Staff had good knowledge of safe medicines management and had access to the hospital's medicines management policy on the intranet. The policy covered obtaining, recording, using, administration, and disposal of medicines.

In the theatre department, medicines were stored safely in locked cupboards and refrigerators behind locked doors or in restricted areas which were only accessible to authorised staff. In the operating theatres, staff had standardised the drug cupboards. Medicines needed in an emergency were readily available; staff we spoke with knew where to find them. Protocols for anaphylaxis and resuscitation protocols were available within the department. Controlled drugs were stored and managed safely and in line with legislation. We checked controlled drugs and the register and found the required records were correctly maintained. Staff carried out and recorded checks of controlled drugs twice daily.

Emergency medicines were stored securely on the resuscitation trolleys, which had tamper evident seals. We checked a sample of the medicines on the trolley and found that these were all in date.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

During our inspection in 2016, we found root cause analyses were not always completed thoroughly. We saw an improvement in the completion of root cause analyses during this inspection. Staff had suitable training and were competent to carry out a thorough investigation.

Staff knew what incidents to report and how to report them. There was an electronic reporting system in use to report incidents. Staff we spoke with knew how to access and use this system and were able to explain the process of escalation for incidents. Quarterly meeting minutes included reminders of how to raise incidents and categorise them appropriately.

Staff raised concerns and reported incidents and near misses clearly in line with provider policy. Staff we spoke with said they felt confident to raise concerns and report incidents. They gave examples of incidents they had raised in the past and were given feedback from managers.

Managers shared learning with their staff about never events that happened elsewhere. The hospital senior leadership team attended Spire national group meetings where never events are discussed. Learning was then disseminated to staff through local governance meetings.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong.

Surgery

Regulation 20 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014 was introduced in November 2014. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person.

Staff received feedback from investigation of incidents, both internal and external to the service. Learning from incidents was shared in the daily all department hospital wide huddle, the daily departmental resus huddles and in team meetings. Staff were also sent safety alerts.

There was evidence that changes had been made as a result of feedback from incidents. Staff gave numerous examples of changes made as a result of an incident.

One example was from a recent incident that happened in theatres where there was an issue with the controlled drugs process. The old process involved one ordering book for all three theatres, staff checking in the medicines in recovery and disseminating these. However, the controlled drugs were received by theatre but not disseminated.

Staff were able to explain the teaching and reflection involved in this incident. The policy was reviewed, and it was deemed the incident happened from human error. Since the incident, a new process was bought in whereby each theatre had a separate order book where they completed two weekly orders and the controlled drugs were bought directly to the theatres by pharmacy staff.

Managers debriefed and supported staff after any serious incident. There had been a recent serious incident on the ward that had affected numerous staff within the surgery core service. Managers explained the support processes put in place for those staff that were directly and indirectly involved in the incident. The staff member that was directly involved was supported through redoing their competencies in NEWS 2.

Managers also explained they had a quiet room for staff and patients to use when they felt overwhelmed. There was also a display board on the ward that focused on mental health and wellbeing. There was a vast array of information and signposting for internal Spire support and external national support for staff. Staff said they felt well supported.

Are Surgery effective?

Good 

Our rating of effective stayed the same. We rated it as good.

Evidence-based care and treatment

The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.

Surgery

The service had up-to-date policies and procedures to ensure care and treatment was delivered in line with national guidance and best practice. Policies referenced national guidance including the National Institute for Health and Care Excellence (NICE), The Royal College of Surgeons' Standards for consultant led surgical care and the recommendations from the Association of Anaesthetists of Great Britain and Ireland (AAGBI).

Patients were assessed using the American Society of Anaesthesiologist (ASA) grading system for pre-operative health of surgical patients.

Staff followed guidance for surgical site infection prevention and treatment in line with NICE guideline (NG125) which included antiseptic skin preparations and antibiotics before skin closures.

Updates to policies, due to change in guidance and tracking of policy review dates, were carried out at a corporate level and cascaded to the hospital for implementation.

Changes to policies was a standing agenda item at the hospital's monthly head of departments clinical governance meeting. Changes in working practice was the responsibility of the head of department to implement, which would then be reviewed by the Director of Clinical Services and the Hospital Director.

Staff could access policy documents on the hospital's database. These measures ensured staff working in the service were following up-to-date practices and providing safe care to patients.

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice. Awareness of the requirements of the acts was included in mandatory training. At handover meetings, staff routinely referred to the psychological and emotional needs of patients and their relatives.

The hospital had implemented the use of mental health first aiders to assist staff and patients during the pandemic, this was a well embedded process which was discussed at each safety huddle to ensure a mental health first aider was present on each shift.

The hospital completed a range of audits throughout the year to ensure healthcare was being provided in line with their policies, national guidance and standards.

Audit results were collated and used to benchmark against the other hospitals of a similar size within the Spire Healthcare group.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods. The service made adjustments for patients' religious, cultural and other needs.

Nursing staff asked patients about any food intolerance or allergies as part of their pre-assessment. This also included specific dietary or cultural requirements, such as vegetarian or halal. This information was passed to the catering team so suitable food could be provided for the patient during their stay

Surgery

Patients were advised about pre-operative fasting times during the pre-assessment process. The service followed the Royal College of Anaesthetists guidance about pre-operative fasting to ensure patients fasted for the safest minimal time possible. Written information about pre-surgery fasting times was also sent to the patient which reminded patients regarding fasting requirements.

Staff used the Malnutrition Universal Screening Tool (MUST) to assess, monitor and record patients' nutrition and hydration needs throughout their hospital journey. Fluid balance charts were used to monitor patients' fluid intake.

We observed patients had access to hot and cold drinks and meals were presented well. Staff told us patients were offered support with food and fluids, although most patients did not require assistance.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.

Patients had access to a variety of pain relief as appropriate for their surgery. Staff completed regular assessments to ensure that patients' pain was controlled and administered pain control as prescribed.

Staff assessed patient's pain using a recognised tool and gave pain relief in line with individual needs and best practice.

Pain management was part of the patient discharge process. Pharmacy and nursing staff would speak with patients about their pain medicines and gave clear instructions on its use at home.

Patients we spoke with said their pain was managed well and pain relief was available to them when they needed it.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.

The hospital had systems and processes in place to monitor, audit and benchmark the quality of services, and the outcomes for patients receiving care and treatment.

The hospital participated in national audit programmes such as the National Joint Registry (NJR) and Patient Reported Outcome Measures (PROMs). Data from these audits provided an indication of the outcome or quality of care delivered to patients by the service. Spire Healthcare ceased collecting patient reported outcome measures (PROMs) data during 2020 due to the COVID-19 pandemic, but it recommenced from March 2021. Data for 2021 was not available.

National Joint Registry (NJR) recorded outcomes at this hospital for patients that underwent hip and total knee replacement procedures. Hospitals were required to submit 100% of their eligible information to the National Joint Registry. In the reporting period January 2021 to October 2021, the service had achieved 100% for their NJR submission.

The hospital submitted data to the Private Healthcare Information Network (PHIN). PHIN is an independent, not-for-profit organisation. It publishes key performance measures on their website to help patients make informed decisions where to have their care and treatment, by providing patients with straightforward and easy-to-understand information about the quality and safety of care in the private healthcare sector.

Surgery

The hospital monitored any unplanned transfers of care to another hospital, readmission to the hospital and returns to theatre.

The staff also carried out regular audit of the National Safety Standards for Invasive Procedures (NatSSIPs). This is a national safety standard aiming to reduce the number of safety incidents for invasive procedures in which surgical Never Events could occur. The hospital had recorded zero never events in 2021.

Results from audits were monitored and discussed at the hospital's monthly clinical governance and quarterly medical advisory committees as well as at a regional and corporate level. If actions were required, this would be fed back to the relevant department.

Competent staff

The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Managers gave all new staff a full induction tailored to their role before they started work.

Managers supported staff to progress through regular development meetings and yearly constructive appraisals of their work. Staff had the opportunity to discuss training needs and were supported to develop their skills and knowledge.

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Staff completed a variety of mandatory and role specific training. Competencies were required for each role and included sepsis, basic life support and safeguarding training.

The role of the Medical Advisory committee (MAC) included supporting the hospital senior managers to ensure that all consultants were skilled, competent and experienced to perform the treatments undertaken. Practising privileges were granted for consultants to carry out specified procedures using a scope of practice document, these were reviewed biennially. Registration with the General Medical Council (GMC), the consultants' registration on the relevant specialist register, disclosure barring service (DBS) check and indemnity insurance were all checked by the hospital and ratified by the MAC.

Resident Medical Officers (RMO) had their competencies assessed, mandatory training provided and updated and annual appraisals by Spire. They worked in line with guidelines and a handbook to ensure they were working within their sphere of knowledge.

The clinical educator supported the learning and development needs of staff. Training scenarios were developed to encourage staffs knowledge of different clinical emergency situations, for example sepsis, resuscitation and malignant hypothermia (which is an allergic reaction to an anaesthetic drug).

The hospital had recently implemented nurse apprenticeship training. The theoretical training was in conjunction with a university while the majority of their clinical patient facing training was performed within the Spire establishments.

Managers now supported staff to develop through yearly, constructive appraisals of their work.

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

Surgery

Ward meetings were held monthly and minuted.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

Managers made sure staff received any specialist training for their role. During our inspection we spoke with the lead Infection prevention nurse who told us that when she was appointed to the role training had been arranged, in line with the requirement necessary for her to perform her job effectively.

Multidisciplinary working

Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care.

Staff worked across health care disciplines and with other agencies when required to care for patients. During the pandemic, the hospital worked with the local trust to take extra patients for surgical procedures. The hospital had arranged regular communication with the local trust and had access to necessary diagnostic results to ensure patients received appropriate care.

Staff referred patients for mental health assessments when they showed signs of mental ill health, depression.

The hospital had a daily safety huddle meeting, which took place every morning and was attended by the senior management team and a representative from each department in the hospital. All staff contributed to provide an overview of the hospital's activity. Any relevant information was taken back to each department and cascaded to the team. Management and staff described the meeting as an opportunity for different teams to come together and to discuss the hospital as a whole.

During our inspection we observed effective multidisciplinary working between different teams involved in patient care and treatment in the surgery service. There was clear communication between staff, and we observed safe and effective handovers of care, between the ward, theatre and recovery staff.

Seven-day services

Key services were available seven days a week to support timely patient care.

The hospital did not provide emergency care. All surgical patients followed the elective pathway and admissions were booked in advance.

The operating theatres operated six days a week. Theatre staff were on-call should there be any unplanned returns to theatre. An emergency service was provided twenty-four hours a day and seven days a week and had an established on-call rota. Nursing cover was available on the wards when the hospital was open both during the day and overnight for patients who required an overnight stay.

Surgery

Consultants undertook a daily review of their patients and either visited or telephoned the service for an update at weekends. Consultants were available out of hours, during weekends and on call 24 hours a day for patients in their care.

The resident medical officer (RMO) was based on-site at the hospital and provided a 24 hour a day, seven days a week service. The RMO provided clinical support to consultants, staff and patients.

Health promotion

Staff gave patients practical support and advice to lead healthier lives.

The service had relevant information promoting healthy lifestyles and support on wards/units.

Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle.

Patients attended pre-operative assessment appointments where their suitability for surgery was checked. This included the completion of a health questionnaire, and an opportunity for the nurse to provide advice or refer patients on to other appropriate services if they required these services.

Patients having joint surgery, such as for hip or knee replacement, would see a physiotherapist on a one to one basis with tailored information specific for the patient. Patients were given pre-operative and post-operative exercises and assessed for need of occupational therapy or support from social services.

COVID-19 was still a risk when our inspection took place and therefore COVID-19 measures were in place at the hospital. This included, as a preventative measure, limiting the number of objects in communal areas, such as patient information leaflets. However, leaflets were available via the clinical staff, consultants and allied health professionals.

The hospital used laminated health promoting posters relating to COVID-19 in public areas. These reminded patients of the importance of social distancing and washing hands to reduce the risk of transmission of the virus.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

Consent forms we reviewed within the patients' records were fully completed and detailed the procedure planned and the risks and benefits of the procedure. The hospital consent forms complied with Department of Health guidance. The service had a two-stage consent process. Patients' records showed consent was reviewed on the day of their surgery as part of their pre-operative checklist.

Surgery

Staff followed their internal process for seeking consent from patients when providing care and treatment in line with legislation and guidance and this was clearly recorded. We observed staff asking patients' verbal consent prior to examinations, observations and delivery of care.

Staff told us the majority of admitted patients had the capacity to make their own decisions. Patients who lacked capacity were identified during the pre-operative assessment process to determine whether they could be admitted for treatment at the hospital.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff could describe and knew how to access policies and get accurate advice on the Mental Capacity Act and Deprivation of Liberty Safeguards.

Are Surgery caring?

Good 

Our rating of caring stayed the same. We rated it as good.

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. We observed positive staff interactions between staff and patients. Staff took their time to explain what they were doing and why and involved the patients in decision making. Patients confirmed staff could not do more for them and took their time to engage with them, they did not feel rushed and felt well looked after.

Patients said staff treated them well and with kindness. We spoke with five patients, two of which were on the NHS pathway. All five patients said how amazing and excellent the staff had been.

Staff followed policy to keep patient care and treatment confidential. Most patients were in separate side rooms where talking with patients about their care and treatment was out of hearing range of other patients. We observed staff pulling the privacy curtains round the beds in the four-bedded bay area when treating and discussing a patient's care and treatment.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs.

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. There was a quiet room available for staff and patients to use for their mental wellbeing, cultural and religious needs. Staff gave an example of staff members using the room for prayer in line with their religion.

Emotional support

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Surgery

Staff gave patients and those close to them help, emotional support and advice when they needed it.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity.

Staff undertook training on breaking bad news and demonstrated empathy when having difficult conversations.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them.

Understanding and involvement of patients and those close to them

Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Staff made sure patients and those close to them understood their care and treatment.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. On every side-room wall and in the four-bedded bay, there were posters on the walls explaining the pain score used at the hospital to ensure patients understood how to communicate their comfort levels. There were also pictorial aids on reminding patients to hydrate after surgery to aid with their recovery.

We spoke with five patients who all said they were well informed about their treatment plan and said all staff from consultants to nurses, explained what they were doing in a way they could understand.

Patients explained it was difficult having procedures at current due to the COVID-19 pandemic because visitors were not allowed on the ward. They said staff took the time to ensure they were able to access their loved ones through video calling and helped them set up their electronic devices to keep them in contact during their stay.

Patients told us staff took the time to inform their loved ones via telephone as soon as they came out of theatre and updated them on their progress for them not to worry.

Patients and their families could give feedback on the service and their treatment and staff supported them to do this. There were multiple ways for patients and their families to give feedback on the service. Patients were given questionnaires when discharged to fill out.

Staff supported patients to make advanced and informed decisions about their care. Patients confirmed they were given lots of information about their procedure and were given the time to ask questions about what was happening and why, as well as contributing their views in decision making.

Patients gave positive feedback about the service. All five patients we spoke with said how excellent the service was. However one patient made a negative comment around the discharge process. The service had lots of feedback around the discharge process and had put things in place to improve this area of the patient journey.

Surgery

Patient satisfaction survey results and “you said, we did” posters were on display in the corridors of the ward. The patient satisfaction survey from December 2020 showed 98% of patients would recommend the hospital to family and friends; 97% of patients felt staff treated them with dignity and respect; 98% of patients received excellent care from nurses; 96% of patients would recommend the consultant; 99% were happy with their pain control and 81% were happy with their room.

Examples of “you said, we did” were a lack of communication around discharges due to multiple staff attempting to do discharge. In response, the service allocated discharge nurses for each shift to ensure there was no duplication. Another was around seeing consultants during the COVID-19 pandemic, which the service responded to by organising virtual video consultations.

Are Surgery responsive?

Good 

Our rating of responsive stayed the same. We rated it as good.

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services to meet the needs of those who chose to use the service. Facilities and premises were appropriate for the services being delivered.

There were no facilities for emergency admissions, commissioners and the local NHS trust were aware of this. The hospital had service level agreements in place with the local NHS trust for transferring patients for medical reasons.

Managers planned and organised services to meet the needs of those who chose to use the service. Admissions to the surgical ward were all elective and planned in advance. The hospital had an admission criterion which meant the hospital only admitted patients whom the hospital had facilities to care for.

In response to the COVID-19 pandemic, the service had taken on some NHS work to support elective surgical services at a nearby local NHS trust. There was also a service level agreement to provide support to the cancer surgery service at the local NHS trust.

The hospital had supported the local health community during the COVID-19 pandemic. They had worked closely with the local clinical commissioning group (CCG) and NHS trust to provide a range of services and specialties. This included identifying how the hospital could be used to provide a COVID-19 safe environment to services that had been paused at the local trust. The working arrangements during the pandemic had led to stronger relationships and more collaboration between the hospital and local health community.

Surgery

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

Elective surgical patients were reviewed initially through the pre-assessment process. We noted that adjustments for patients were highlighted during the pre-assessment. This information was used by staff to provide safe care and treatment and mitigate any possible risk to the patient. If during the pre-admission assessment staff identified the service could not meet the patient's needs, staff would not treat the patient at the hospital and refer the patient to an alternative health care provider who could support the patient's needs.

Staff gave us several examples of supporting patients with protected characteristics. Protected characteristics according to the Equality Act 2010 are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

Staff had access to communication aids to help patients become partners in their care and treatment. Staff and patients could get help from interpreters or signers when needed. Translation services were available within the hospital, posters within the patient areas explained in multiple languages how this service could be accessed.

Patients with hearing or sight impairments were flagged during pre-operative assessment, which meant staff could ensure patients could access information according to their needs. An assistive listening device was available at reception to support patients with hearing impairment.

Patients could request a choice of food and drink to meet their cultural and religious preferences.

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. Staff we spoke with told us they had completed dementia and mental health awareness training but the hospital rarely treated patients living with dementia. There was 98% of staff at the hospital had completed mandatory dementia training.

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.

The hospital followed corporate and local policies and procedures for the management of the patient's journey, from the time of booking the appointment until discharge and after care. Staff we spoke with were aware of these policies and procedures.

The service did not have a waiting list for private patients as all surgery was elective and access to the service was flexible to meet patient's needs.

As part of a national contract to support the NHS during the COVID-19 pandemic, the service provided surgical services for NHS patients. During the pandemic the hospital had delivered over 1,700 operations for colorectal and urology operative procedures. Managers liaised with NHS colleagues to monitor and manage admissions. They had systems in place to ensure all procedures were performed within the guaranteed time frame in line with the patient's clinical condition.

Surgery

Staff provided support to patients when they were referred or transferred between NHS and private services to ensure continuity of their care.

The hospital offered either day-case or inpatient surgical procedures. Day-case surgery did not require an overnight hospital stay. Inpatient surgery required the patient to remain overnight or longer after the surgery was completed, for care or observation. Day-case patients were told to bring an overnight bag with them just in case they were required to stay overnight.

Should patients have had their operations cancelled at the last minute, either due to operational or clinical issues, managers made sure they were re-arranged as soon as possible.

Staff supported patient's when they were discharged and during their after care. We observed how staff supported patient's post-surgery providing information and advice relevant to their procedure and also encouraging them to contact the service should they have any questions or concerns.

The hospital had established a clear booking process for appointments and hospital admissions. Patients we spoke with told us the hospital had a good and efficient booking process.

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

The hospital followed the Spire Healthcare Group complaints' policy which gave clear processes and timeframes for dealing with complaints. The hospital director had overall responsibility for the management of complaints. Managers investigated complaints and identified themes. Managers shared feedback from complaints with staff and learning was used to improve the service. We saw complaints were discussed during daily safety huddle meetings.

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas. Staff understood the policy on complaints and knew how to effectively manage them. This included reporting complaints through the electronic reporting system, acknowledging a complaint and how to escalate if necessary. Clinical staff told us they always tried to resolve any issues or complaints at the time they were raised. If this was not possible, patients could be referred to the nurse in charge in the first instance. Department leads were encouraged to attempt to resolve concerns and complaints raised, locally where possible.

The service treated concerns and complaints seriously, investigated them and learnt lessons from the results. Managers aimed to resolve patient complaints at the point of care to improve the patient's experience. Patients and staff received feedback from managers once the complaint investigation had been concluded and the learning was used to improve the service.

We reviewed minutes of various meetings and saw patient complaints were discussed in the local team meetings.

Surgery

Are Surgery well-led?

Good 

Our rating of well-led stayed the same. We rated it as good.

Leadership

There was compassionate inclusive and effective leadership at all levels. Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were highly visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles. Leaders at all levels demonstrated high levels of experience capacity and capability to deliver excellent and sustainable care.

The hospital director was appointed at the beginning of the pandemic in July 2020 with the director of clinical services appointed in February 2021. The hospital director and director of clinical services were known to all staff and seen regularly on the ward and theatres. They had a clear understanding of the issues within the hospital and plans to manage them which were shared with staff.

The hospital director and director of clinical services have promoted and encouraged team ethics and a positive work culture throughout the service. Staff morale was very good and the staff we spoke with had a clear commitment to their roles. Staff told us they felt supported and valued by local management and peers. We were told how one staff member had received valuable support from the hospital director and head of clinical services following personal difficulties.

The senior management team told us they felt supported by the hospital director and director of clinical services in order to provide care for patients while still having enough autonomy to carry out their roles effectively.

Staff were provided with opportunities for development within their roles. This included specialist training, lead roles and the support to complete the nurse apprenticeship training. Staff were able to request additional specialty training which included; intermediate life support, infection prevention training, sepsis, tissue viability and clinical risk management. In addition, staff were able to participate in leadership and management courses which could assist with advancement in their careers.

Managers within the service promoted an open and honest culture. Senior staff were aware of the responsibilities necessary under the duty of candour. The hospital had a policy in relation to the duty of candour. The hospital showed us evidence of how they reviewed incidents involving duty of candour and the steps they had taken to ensure compliance within the necessary guidance.

Evidence of succession planning was robust and well managed. Staff were encouraged to progress their careers through regular one to ones and appraisals. Staff could access these through talent management and leadership programmes.

Line managers fed back any corporate communication at team meetings.

Surgery

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

The provider's vision was: "To be recognised as a world class healthcare business and its values as an organisation were:

- Driving clinical excellence.
- Doing the right thing.
- Caring is our passion.
- Keeping it simple.
- Delivering on our promises.
- Succeeding and celebrating together.

The vision, mission and values were displayed on the ward and screen savers.

The local objectives linked with the corporate objectives but were relevant to the objectives that were discussed in heads of department meetings and formed the personal objectives for staff at appraisals.

The vision and values of the service promoted collaborative working with the local NHS to improve waiting times, especially in relation to managing the backlog caused by the pandemic. There were arrangements to ensure cancer care were managed jointly with the local NHS in a seamless way.

Culture

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff reported the leadership culture made them feel valued, included and respected. Relationships between staff at the hospital were positive and there was strong teamwork and collaboration. There was a strong emphasis on the safety and well-being of staff; for example, the service had mental health first aiders to provide direct support to staff. Staff had occupational health access for advice and support. Staff worked in a collaborative and cooperative team to ensure the patient journey within the hospital was smooth.

Staff were proud to work for the hospital and spoke highly of the culture and support they received and gave to others.

There was a strong working relationship between the local NHS hospital and the teams at Spire South Bank.

Surgery

The service promoted equality and diversity. Senior leaders discussed the need to ensure all staff and patients were treated equally and that the hospital did not accept any discriminatory behavior on the basis of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation.

The hospital had a multi-cultural and multi-ethnic workforce that was valued, and they felt respected. The surgery service staff promoted equality and diversity in their daily work, and we were told the hospital provided equal opportunities for career development.

There was freedom to speak up guardians appointed within the hospital which encouraged and reinforced to staff that it was acceptable to speak up. Staff told us they could raise concerns with anyone in the hospital and felt there was no hierarchy or blame applied when things went wrong.

There was a very strong culture of acting in accordance with the duty of candour. The Senior management team and staff showed an understanding of their responsibilities and a willingness to acknowledge shortcomings.

Governance

Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

At a hospital level, meetings were held where specific operational issues were discussed, such as the health and safety, the infection prevention and control group, medical device meetings medicines management and rapid response meetings.

We reviewed minutes from meetings and saw, they were effective and included the set of decisions, outcomes and next steps or actions taken.

Heads of departments and senior management teams attended the monthly meetings and discussed how their departments were performing. They could see the key quality issues of safety, risk, clinical effectiveness and patient experience for their departments and hospital wide. The head of departments had a responsibility to disseminate information to their teams and to act on any issues arising. We were told by heads of departments information would be shared with their teams in many ways including, at handovers, on notice boards and in departmental meetings and this was backed up by conversations had during our inspection with staff working in the surgery service.

Post inspection we reviewed minutes from the ward departmental meetings and daily safety huddles. Meetings had a set agenda which included standard agenda items such as, the risk register, infection control and audits, and other issues needing to be discussed, such as staffing levels and mental health first aider cover. This showed that information was shared, discussed and actions acted upon within the department teams.

Governance was discussed at the quarterly medical advisory committee (MAC) and information from the MAC meetings fed into the clinical governance committee. The MAC's role was to ensure clinical services, procedures or interventions were provided by competent medical practitioners at the hospital. This involved reviewing consultant contracts, maintaining safe practicing standards and granting practicing privileges. The MAC would also discuss new procedures to be undertaken to ensure they were safe, equipment was available, and staff had relevant training. The MAC minutes showed discussions including key governance issues, such as incidents, complaints and practicing privileges were discussed.

Surgery

We reviewed ten sets of consultant practice privileges which were reviewed by the hospital director, MAC representative and director of clinical services biennially. Consultants were also subject to standard appraisals through the MAC and local NHS hospital. Registration with the general medical council (GMC), the consultants' registration on the relevant specialist register, Disclosure and Barring Service (DBS) checks, up to date appraisals and indemnity insurance were also checked in line with recommended guidance.

Arrangements were in place to manage and monitor contracts and service level agreements with partners and third-party providers. Contracts were reviewed on an annual basis, which included a review of quality indicators and feedback, where appropriate.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

Risks were identified and added to the risk register appropriately and given a risk score depending on severity. There was a local risk register at hospital level, which fed into the regional and corporate risk register. The hospital director and director of clinical services reviewed this monthly. This included reviewing the risk, removing mitigated risks and updating any actions. Risks were escalated corporately as appropriate.

From talking to staff and reviewing documentation we saw evidence the hospital managers were able to recognise, rate and monitor risk. This meant the hospital could identify issues that could cause harm to patients and staff and threaten the achievement of their services.

There was a systematic corporate programme of clinical and internal audit to monitor quality, operational processes in Spire. During our inspection we could see from speaking with staff and reviewing documentation that the hospital was carrying out audits, identifying and taking action where required.

The hospital participated in national audits including the National Joint Registry and Patient Reported Outcome Measures (PROMS). This demonstrated that they were monitoring their performance against national standards, set by external bodies.

When considering developments to services or efficiency changes the impact on quality and sustainability was considered and monitored. The hospital reported no instances where financial pressures had compromised care.

The hospital had business continuity plans, which included major incident plans. Staff told us how to access this information and leaders were aware of their responsibility in relation to this.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.

The hospital had clear service performance measures, which were reported and monitored by the hospital and the Spire Healthcare group which could then be used to benchmark their services against other hospitals within the group.

Surgery

Data collection was detailed and included data on a range of performance measures and quality indicators, such as audit results and patient feedback. We saw evidence that areas of good and poor performance were highlighted and used to challenge and drive forward improvements.

Where relevant, performance was tracked over time to highlight unexpected variations in performance which warranted investigation. This meant staff could identify, at a glance, areas of increased performance or performance trends and areas that required investigation and improvement.

The hospital used information technology systems to effectively monitor and improve the quality of care. For example, there was a computer system where incidents, near misses and complaints were recorded.

There were effective arrangements to ensure data and statutory notifications were submitted to external bodies as required, such as local commissioners and the Care Quality Commission. There was transparency and openness with all stakeholders about performance.

Staff had access to a range of policies, procedures and guidance which was available on the hospital's electronic system.

Staff also told us IT systems were used to access the e-learning modules required for mandatory training.

Information governance was included as part of mandatory training for staff. Staff understood the need to maintain patient confidentiality and understood their responsibilities under the General Data Protection Regulations. The hospital had appointed a hospital data protection officer and a Caldicott guardian. The director of clinical services was the appointed Caldicott guardian.

Engagement

Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

The hospital actively encouraged patients to give feedback about their experience to help improve services. For example, through patient satisfaction questionnaires, feedback and suggestion cards, and to complete reviews on search engine websites. The hospital reviewed and monitored patient satisfaction through their regular meetings and used the information to inform improvement and learning and to celebrate success.

The hospital had a presence on social media which included an informative website for people wanting to find out about the hospital and the services that it offered. The importance of this website was demonstrated during the COVID-19 pandemic keeping the public up to date when some services had needed to close or change due to government restrictions.

The hospital engaged with hospital staff in many ways, through strategic and planning days, newsletters and noticeboards in the hospital. The hospital also encouraged staff to ensure their health and wellbeing was maintained. Staff we spoke with during our inspection and said the senior management team engaged well with them and their views were sought.

Staff were also positive of the communication they received from the wider Spire health group which updated them on the health groups wider activities.

Surgery

The hospital worked with local health community to meet the needs of the local population. This had increased during the COVID-19 pandemic when they had provided a range of services and specialties to help support the local NHS trust and clinical commissioning group.

The hospital ensured consultants were kept up to date with marketing, clinical and hospital updates.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation.

The hospital was committed to improve the quality of services offered to patients. There was a focus on continuous learning and improvement. The hospital offered apprenticeships and training opportunities which helped to develop the skills and offered career progression to individuals in the team. In addition, it meant the service could grow their own talent which helped with staff retention.

The hospital was promoting a culture of patient safety this included the implementation of processes to analyse and improve patient data , creating robust local risk registers and outlining standardised processes in line with NICE guidance.

Heads of departments received developmental training which assisted them in feeling confident to perform their roles within the hospital. This management training promoted understanding of different management skills and how to encourage effective working within a team. The director of clinical services told us they used different management strategies with each individual head of department to achieve effective learning and development.